

Fill in this information to identify the case:

Debtor name CAH Acquisition Company 12, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINACase number (if known) 19-01697☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

## Part 1: Cash and cash equivalents

## 1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Armstrong BankCheckingUnknown3.2. US BankChecking3952\$2,864.083.3. US BankChecking4817\$5,236.57

## 4. Other cash equivalents (Identify all)

## 5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$8,100.65

## Part 2: Deposits and Prepayments

## 6. Does the debtor have any deposits or prepayments?

☒ No. Go to Part 3.☐ Yes Fill in the information below.

## Part 3: Accounts receivable

## 10. Does the debtor have any accounts receivable?

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- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 2,740,340.63 - 1,277,617.09 = .... \$1,462,723.54  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$1,462,723.54**

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Supplies - Purchasing Department				
	Fairfax Memorial Hospital				
	40 Hospital Drive				
	Fairfax, OK	9/30/2017	\$30,645.16		Unknown
	Printer cartridges/supplies				
	Purchasing Department				
	Fairfax Memorial Hospital				
	40 Hospital Drive				
	Fairfax, OK	9/30/2017	\$7,546.07		Unknown
	Nursing Supplies				
	Fairfax Memorial Hospital				
	40 Hospital Drive				
	Fairfax, OK	09/30/2017	\$6,470.75		Unknown

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Supplies - Emergency  
Rm 221, 220, Trauma &  
201  
Fairfax Memorial  
Hospital  
40 Hospital Drive  
Fairfax, OK

09/30/2017\$11,954.76Unknown

Triage Room Supplies  
Fairfax Memorial  
Hospital  
40 Hospital Drive  
Fairfax, OK

9/30/2017UnknownUnknown

Central Sterile Room  
Supplies  
Fairfax Memorial  
Hospital  
40 Hospital Drive  
Fairfax, OK

9/30/2017\$6,807.25Unknown

OR, Recovery and  
Anesthesia Supplies  
Fairfax Memorial  
Hospital  
40 Hospital Drive  
Fairfax, OK

9/30/2017\$11,954.76Unknown

Lab supplies

9/30/2017\$21,118.30Unknown

X-ray supplies

9/30/2017\$1,734.11Unknown

Housekeeping Supplies

9/30/2017\$1,629.47Unknown

Sleep lab

09/30/2017UnknownUnknown

Physical Therapy  
Supplies

09/30/2017\$1,078.37Unknown

Dietary Supplies

09/30/2017\$5,978.39Unknown

Clinic Supplies - Fairfax  
Clinic  
Fairfax Memorial  
Hospital  
40 Hospital Drive  
Fairfax, OK

09/30/2017\$1,532.74Unknown

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Clinic Supplies - Pawnee  
Clinic  
Fairfax Memorial  
Hospital  
40 Hospital Drive  
Fairfax, OK

09/30/2017

\$4,939.08

Unknown

Pharmacy Supplies  
Fairfax Memorial  
Hospital  
40 Hospital Drive  
Fairfax, OK

09/30/2017

\$36,286.10

Unknown

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. Is any of the property listed in Part 5 perishable?

☒ No

☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☒ No

☐ Yes. Book value Valuation method Current Value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Cubicle Spaces Fairfax Memorial Hospital 40 Hospital Drive Fairfax, OK	\$4,112.68		Unknown
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Network Server Fairfax Memorial Hospital 40 Hospital Drive	\$2,815.76		Unknown



Debtor CAH Acquisition Company 12, LLC  
NameCase number (If known) 19-01697Fairfax, OKNextgen Software  
Fairfax Memorial Hospital  
40 Hospital Drive  
Fairfax, OK\$90,680.68UnknownTrucode Medical Recording Software  
Fairfax Memorial Hospital  
40 Hospital Drive  
Fairfax, OK\$12,487.59UnknownAthena Hardware Equipment\$5,923.75Unknown

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**  
Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.☒ Yes Fill in the information below.

	<b>General description</b> Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	<b>Net book value of debtor's interest</b> (Where available)	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
48.	<b>Watercraft, trailers, motors, and related accessories</b> <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	<b>Aircraft and accessories</b>			
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> <b>I-Stat Wireless Analyzer for Lab</b> <b>Fairfax Memorial Hospital</b> <b>40 Hospital Road</b> <b>Fairfax, OK</b>	<u>\$2,661.43</u>		<u>Unknown</u>

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Baxter Healthcare - IV Pumps  
Fairfax Memorial Hospital  
40 Hospital Drive  
Fairfax, OK

\$20,390.56

Unknown

HERC - Mindray M7

\$7,731.19

Unknown

Vonco Medical - Biodex Unweighing System  
Fairfax Memorial Hospital  
40 Hospital Drive  
Fairfax, OK

\$9,774.97

Unknown

Parking Lot Front and SE Lots  
40 Hospital Drive  
Fairfax, OK

\$4,001.06

Unknown

Pediatric Crib  
Fairfax Memorial Hospital  
40 Hospital Drive  
Fairfax, OK

\$7.92

Unknown

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

☐ No

☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property  
Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

55.1. Asphalt Parking Lot  
Fairfax Memorial Hospital  
40 Hospital Drive  
Fairfax, OK

\$581.67

Unknown

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56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

**\$0.00**

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

☒ No. Go to Part 11.

☐ Yes Fill in the information below.

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **CAH Acquisition Company 12, LLC**  
NameCase number (If known) **19-01697****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1	<u>\$8,100.65</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$0.00</u>	
82. Accounts receivable. Copy line 12, Part 3.	<u>\$1,462,723.54</u>	
83. Investments. Copy line 17, Part 4.	<u>\$0.00</u>	
84. Inventory. Copy line 23, Part 5.	<u>\$0.00</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	<u>\$0.00</u>	
88. Real property. Copy line 56, Part 9.....>		<u>\$0.00</u>
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$0.00</u>	
90. All other assets. Copy line 78, Part 11.	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$1,470,824.19</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$1,470,824.19</u>



☐ Check if this is an amended filing

12/15

Fill in this information to identify the case:

Debtor name **CAH Acquisition Company 12, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**Case number (if known) **19-01697**☐ Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

## Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Alexander Genty</b> <b>19901 Coker Rd.</b> <b>Tecumseh, OK 74873</b>  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Current Payroll</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b> <b>\$0.00</b>
2.2	Priority creditor's name and mailing address <b>Allicia Miller</b> <b>44750 S 346 Rd.</b> <b>Pawnee, OK 74058</b>  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Current Payroll</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b> <b>\$0.00</b>

Debtor **CAH Acquisition Company 12, LLC**  
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2.3 Priority creditor's name and mailing address  
**Ashley Engle**  
**201 S 7th St.**  
**Fairfax, OK 74637**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes

2.4 Priority creditor's name and mailing address  
**Brittnee Morris**  
**35636 EW 120**  
**Seminole, OK 74868**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes

2.5 Priority creditor's name and mailing address  
**Carla Bartlett**  
**390 N. 2nd St.**  
**Ralston, OK 74650**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes

2.6 Priority creditor's name and mailing address  
**Carley McInturf**  
**605 S 7th**  
**Fairfax, OK 74637**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes

Debtor **CAH Acquisition Company 12, LLC**  
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**19-01697**2.7 Priority creditor's name and mailing address  
**Casey Steele**  
**350101 E 4550 Road**  
**Pawnee, OK 74058**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.8 Priority creditor's name and mailing address  
**Chrissie Collins**  
**50950 E 45-5 Rd.**  
**Pawnee, OK 74058**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.9 Priority creditor's name and mailing address  
**Crystal Griffin**  
**219 S Pittsburg Ave.**  
**Tulsa, OK 74112**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.10 Priority creditor's name and mailing address  
**Dana Bennett**  
**420 Mason St.**  
**Fairfax, OK 74637**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes



Debtor **CAH Acquisition Company 12, LLC**  
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**19-01697**2.11 Priority creditor's name and mailing address  
**David Spears**  
**3414 Meadow Ln.**  
**Ponca City, OK 74604**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.12 Priority creditor's name and mailing address  
**Debbie Moore**  
**703 Holmes Ave.**  
**Cushing, OK 74023**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.13 Priority creditor's name and mailing address  
**Destanee Donaldson**  
**PO Box 36**  
**Fairfax, OK 74637**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.14 Priority creditor's name and mailing address  
**Donna Renfro**  
**72 Robertson Addition Rd.**  
**Fairfax, OK 74637**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes

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2.15 Priority creditor's name and mailing address

**E Owens  
12500 NE 36th St.  
Choctaw, OK 73020**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.16 Priority creditor's name and mailing address

**Edna Gibson  
416 N 6th St.  
Fairfax, OK 74637**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.17 Priority creditor's name and mailing address

**Fred Morley  
208 Highland Rd.  
Pauls Valley, OK 73075**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.18 Priority creditor's name and mailing address

**Gabriel Graham  
624 S 7th.  
Fairfax, OK 74637**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

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2.19 Priority creditor's name and mailing address

**Gene Evans**  
**44702 S 34700 Rd.**  
**Fairfax, OK 74637**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.20 Priority creditor's name and mailing address

**Hillery Lewis**  
**PO Box 496**  
**Shidler, OK 74652**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.21 Priority creditor's name and mailing address

**Internal Revenue Service**  
**PO Box 7346**  
**Philadelphia, PA 19101**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No☐ Yes

2.22 Priority creditor's name and mailing address

**Jaclyn Rollins**  
**251 W Elm St.**  
**Fairfax, OK 74637**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

Debtor **CAH Acquisition Company 12, LLC**  
Name

Case number (if known)

**19-01697**

2.23	Priority creditor's name and mailing address <b>James Drymon</b> <b>200 S 7th</b> <b>Fairfax, OK 74637</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Current Payroll</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.24	Priority creditor's name and mailing address <b>James Graham</b> <b>348586 E Parkside Ave.</b> <b>Pawnee, OK 74058</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Current Payroll</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.25	Priority creditor's name and mailing address <b>Jamie Case</b> <b>14 Eagle Dr.</b> <b>Kaw City, OK 74641</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Current Payroll</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.26	Priority creditor's name and mailing address <b>Janice Lyons</b> <b>219 Donning Ave.</b> <b>Mount Ayr, IA 50854</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Current Payroll</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **CAH Acquisition Company 12, LLC**  
Name

Case number (if known)

**19-01697**2.27 Priority creditor's name and mailing address  
**Jeremy Wikel**  
**523 W 9th St.**  
**Hominy, OK 74035**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.28 Priority creditor's name and mailing address  
**Jerrold Beltz**  
**401 S 5th**  
**Fairfax, OK 74637**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.29 Priority creditor's name and mailing address  
**Jill McConnell**  
**1233 S 1st St.**  
**Blackwell, OK 74631**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.30 Priority creditor's name and mailing address  
**John Pangburn**  
**PO Box 2537**  
**Ponca City, OK 74602**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes

Debtor **CAH Acquisition Company 12, LLC**  
NameCase number (if known) **19-01697**

2.31 Priority creditor's name and mailing address  
**Julia Smith**  
**217 N 2nd**  
**Fairfax, OK 74637**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes

2.32 Priority creditor's name and mailing address  
**Karen Cook**  
**500 S Tallchief Dr.**  
**Fairfax, OK 74637**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes

2.33 Priority creditor's name and mailing address  
**Katherine Haynes**  
**10322 Acme Rd**  
**Shawnee, OK 74804**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes

2.34 Priority creditor's name and mailing address  
**Kathy Brock**  
**46515 US Hwy 60**  
**Burbank, OK 74633**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes

Debtor **CAH Acquisition Company 12, LLC**  
Name

Case number (if known)

**19-01697**

2.35 Priority creditor's name and mailing address

**Keli Mashburn  
300 S 7th St.  
Fairfax, OK 74637**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.36 Priority creditor's name and mailing address

**Kenneth Shepard  
7355 E 111th Place S  
Bixby, OK 74008**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.37 Priority creditor's name and mailing address

**Kimberly Navrath  
350658 E. 1020 Rd  
Prague, OK 74864**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.38 Priority creditor's name and mailing address

**Kimberly Noble  
3450 Brooklyn  
Sedalia, MO 65301**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

Debtor **CAH Acquisition Company 12, LLC**  
Name

Case number (if known)

**19-01697**2.39 Priority creditor's name and mailing address  
**Kristin Brock**  
**2008 Joe St.**  
**Ponca City, OK 74601**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.40 Priority creditor's name and mailing address  
**Kristy Terry**  
**172 South 1st St.**  
**Ralston, OK 74650**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.41 Priority creditor's name and mailing address  
**Linda Thompson**  
**PO Box 276**  
**Fairfax, OK 74637**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.42 Priority creditor's name and mailing address  
**Lindsay Barrett**  
**347751 E. 4900 Rd.**  
**Pawnee, OK 74058**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes



Debtor **CAH Acquisition Company 12, LLC**  
Name

Case number (if known)

**19-01697**2.43 Priority creditor's name and mailing address  
**Malissa Mackenzie**  
**PO Box 59**  
**Pawnee, OK 74058**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.44 Priority creditor's name and mailing address  
**Mary Jordan**  
**8078 Doga Creek Rd.**  
**Fairfax, OK 74637**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.45 Priority creditor's name and mailing address  
**Mary McKenzie**  
**657 CR 5451**  
**Hominy, OK 74035**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.46 Priority creditor's name and mailing address  
**Matthew Haney**  
**11014 S Oak Ave.**  
**Jenks, OK 74037**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes

Debtor **CAH Acquisition Company 12, LLC**  
Name

Case number (if known)

**19-01697**

2.47 Priority creditor's name and mailing address

**Michael Scalf**  
**7365 E 119 Place South**  
**Bixby, OK 74008**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.48 Priority creditor's name and mailing address

**Michael Turner**  
**16112 Wind Crest Way**  
**Edmond, OK 73013**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.49 Priority creditor's name and mailing address

**Miranda Graham**  
**624 S. 7th**  
**Fairfax, OK 74637**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.50 Priority creditor's name and mailing address

**Monica Hau**  
**737 Elm Street**  
**Perry, OK 73077**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

Debtor	<b>CAH Acquisition Company 12, LLC</b> Name	Case number (if known)	<b>19-01697</b>
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2.51	Priority creditor's name and mailing address <b>Monica Woods</b> <b>250 Robertson</b> <b>Fairfax, OK 74637</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim: <b>Current Payroll</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.52	Priority creditor's name and mailing address <b>Oklahoma Employment Security Comm</b> <b>PO Box 52925</b> <b>Oklahoma City, OK 73152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,715.80</b>	<b>\$1,715.80</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number <b>7608</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.53	Priority creditor's name and mailing address <b>Oklahoma Tax Commission</b> <b>PO Box 26920</b> <b>Oklahoma City, OK 73126</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.54	Priority creditor's name and mailing address <b>Paula McInturf</b> <b>606 Park Street</b> <b>Pawnee, OK 74058</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim: <b>Current Payroll</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAH Acquisition Company 12, LLC**  
NameCase number (if known) **19-01697**

2.55	Priority creditor's name and mailing address <b>Phyllis Pilcher</b> <b>19941 CR 5415</b> <b>Fairfax, OK 74637</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Current Payroll</b>		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.56	Priority creditor's name and mailing address <b>Rachele Quinones</b> <b>12900 Stonecrest Ln.</b> <b>Oklahoma City, OK 73142</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Current Payroll</b>		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.57	Priority creditor's name and mailing address <b>Rebecca Sparks</b> <b>203 Main Box 50</b> <b>Ralston, OK 74650</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Current Payroll</b>		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.58	Priority creditor's name and mailing address <b>Rhonda Jim</b> <b>612 Cleveland St.</b> <b>Pawnee, OK 74058</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Current Payroll</b>		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			



Debtor **CAH Acquisition Company 12, LLC**  
Name

Case number (if known)

**19-01697**

2.59 Priority creditor's name and mailing address

**Richard Steel**  
**24288 N 3990 Rd**  
**Bartlesville, OK 74006**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.60 Priority creditor's name and mailing address

**Ryan Madison**  
**300 S. 7th St.**  
**Fairfax, OK 74637**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.61 Priority creditor's name and mailing address

**Sean Satterfield**  
**1614 Dean Ave.**  
**Ponca City, OK 74604**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.62 Priority creditor's name and mailing address

**Sharon Thomason**  
**172 Robertson Addition Rd.**  
**Fairfax, OK 74637**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

Debtor **CAH Acquisition Company 12, LLC**  
Name

Case number (if known)

**19-01697**

2.63 Priority creditor's name and mailing address

**Shaun Willard  
PO Box 321  
Pawnee, OK 74058**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.64 Priority creditor's name and mailing address

**Shelley Hutchison  
PO Box 61  
Ralston, OK 74650-2000**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.65 Priority creditor's name and mailing address

**Sherry McConnell  
356 N 1st  
Ralston, OK 74650**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.66 Priority creditor's name and mailing address

**Stacey Burtner  
1813 NE Woodland  
Ponca City, OK 74604**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

Debtor **CAH Acquisition Company 12, LLC**  
Name

Case number (if known)

**19-01697**

2.67	Priority creditor's name and mailing address <b>Teddy Holt</b> <b>323 N Regan</b> <b>Hominy, OK 74035</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Current Payroll</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.68	Priority creditor's name and mailing address <b>Teresa Heskett</b> <b>354250 E 5700 Rd.</b> <b>Yale, OK 74085</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Current Payroll</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.69	Priority creditor's name and mailing address <b>Terra Smith</b> <b>45959 S. 352 Rd.</b> <b>Pawnee, OK 74058</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Current Payroll</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.70	Priority creditor's name and mailing address <b>Terri Cartwright</b> <b>313 N 5th</b> <b>Fairfax, OK 74637</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Current Payroll</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **CAH Acquisition Company 12, LLC**  
Name

Case number (if known)

**19-01697**

2.71 Priority creditor's name and mailing address

**Terrie Coble**  
**1366 State Hwy 18**  
**Fairfax, OK 74637**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.72 Priority creditor's name and mailing address

**Thomas Engle**  
**201 S 7th St.**  
**Fairfax, OK 74637**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.73 Priority creditor's name and mailing address

**Tobie Wright**  
**2128 Fairfax Lake Rd.**  
**Fairfax, OK 74637**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes

2.74 Priority creditor's name and mailing address

**Tonya Criner**  
**200 N Irving**  
**Ponca City, OK 74601**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒
- No
- 
- ☐
- Yes



Debtor	<b>CAH Acquisition Company 12, LLC</b> <small>Name</small>	Case number (if known)	<b>19-01697</b>
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2.75	Priority creditor's name and mailing address <b>Tracy Soutter</b> <b>3750 S Main</b> <b>Blackwell, OK 74631</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Current Payroll</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.76	Priority creditor's name and mailing address <b>US Attorney's Office</b> <b>Attn: Civil Process Clerk</b> <b>310 New Bern Avenue - Suite 800</b> <b>Raleigh, NC 27601</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.77	Priority creditor's name and mailing address <b>Victoria Salamysullins</b> <b>9713 Greystone Ave.</b> <b>Oklahoma City, OK 73120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Current Payroll</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.78	Priority creditor's name and mailing address <b>Wendy Kinser</b> <b>2681 Creekview Road</b> <b>Oologah, OK 74053</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Current Payroll</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **CAH Acquisition Company 12, LLC**  
NameCase number (if known) **19-01697**

2.79 Priority creditor's name and mailing address

**William Madison**  
**410 W Belair**  
**Fairfax, OK 74637**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒
- No
- 
- ☐
- Yes

2.80 Priority creditor's name and mailing address

**William Richards**  
**PO Box 344**  
**Carney, OK 74832**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown \$0.00**

Date or dates debt was incurred

Basis for the claim:

**Current Payroll**

Last 4 digits of account number

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒
- No
- 
- ☐
- Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

**A+ Printing**  
**119 N. 3rd Street**  
**Ponca City, OK 74601**As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$765.29**

Date(s) debt was incurred \_

Basis for the claim: Open account

Last 4 digits of account number \_

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address

**AAAASF Office**  
**PO Box 9500**  
**Gurnee, IL 60031**As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$3,213.60**

Date(s) debt was incurred \_

Basis for the claim: Open account

Last 4 digits of account number \_

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address

**ABBVIE**  
**ATTN: Dept V345**  
**North Chicago, IL 60064**As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$553.09**

Date(s) debt was incurred \_

Basis for the claim: Open account

Last 4 digits of account number \_

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **CAH Acquisition Company 12, LLC**  
NameCase number (if known) **19-01697**

3.4	Nonpriority creditor's name and mailing address <b>Accurad Medical Imaging Services</b> <b>10830 E. Newton Place</b> <b>Tulsa, OK 74116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$2,100.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address <b>Accuratenow</b> <b>1930 North Poplar Street, Suite 20</b> <b>Southern Pines, NC 28387</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$180.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address <b>Advance Boiler Repr &amp; SVC</b> <b>36168 West Highway 51</b> <b>Mannford, OK 74044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$720.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address <b>Air Evac EMS</b> <b>1001 Boardwalk Springs Pl., Ste 250</b> <b>O Fallon, MO 63368</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$180.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address <b>Airgas USA, LLC</b> <b>1301 W. South Ave.</b> <b>Ponca City, OK 74601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$42.60</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address <b>Allred Recruiting Group</b> <b>Po Box 7261</b> <b>Shawnee Mission, KS 66207</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$3,332.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address <b>American Osteopathoc Assoc.</b> <b>142 E. Ontario Street</b> <b>Chicago, IL 60611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$1,601.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor **CAH Acquisition Company 12, LLC**  
NameCase number (if known) **19-01697**

3.11	Nonpriority creditor's name and mailing address <b>Apria Healthcare, LLC</b> <b>11414 East 51st Street, Suites D-F</b> <b>Tulsa, OK 74146</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,800.00</b>
3.12	Nonpriority creditor's name and mailing address <b>Auto Chlor Services, LLC</b> <b>1714 SE 66th Street</b> <b>Oklahoma City, OK 73149</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$918.24</b>
3.13	Nonpriority creditor's name and mailing address <b>BCBS New Mexico/PBPP</b> <b>4411 The 25 Way</b> <b>Albuquerque, NM 87109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.95</b>
3.14	Nonpriority creditor's name and mailing address <b>Beckman Coulter</b> <b>250 South Kraemer Blvd.</b> <b>Brea, CA 92820</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,926.93</b>
3.15	Nonpriority creditor's name and mailing address <b>Bio-Tek Services, Inc.</b> <b>5310 Laburnum Ave.</b> <b>Henrico, VA 23231</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$53.00</b>
3.16	Nonpriority creditor's name and mailing address <b>Briggs Corporation</b> <b>4900 Univeristy Ave. Suite 200</b> <b>West Des Moines, IA 50266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.92</b>
3.17	Nonpriority creditor's name and mailing address <b>Byron Staples</b> <b>401 S. 7th Street</b> <b>Fairfax, OK 74637</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>



Debtor **CAH Acquisition Company 12, LLC**  
NameCase number (if known) **19-01697**

3.18	Nonpriority creditor's name and mailing address <b>Computer Products &amp; Supplies Int.</b> <b>975 Nimco Drive, Unit C</b> <b>Crystal Lake, IL 60014</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$197.50</b>
3.19	Nonpriority creditor's name and mailing address <b>Comtrix Solutions</b> <b>22656 Philomont Ridge Court</b> <b>Ashburn, VA 20148</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,785.01</b>
3.20	Nonpriority creditor's name and mailing address <b>Dock &amp; Lock Storage</b> <b>70 Industry Drive</b> <b>West Haven, CT 06516</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$862.50</b>
3.21	Nonpriority creditor's name and mailing address <b>Drugs of Abuse Testing Lab</b> <b>2626 S. Sheridan Road</b> <b>Tulsa, OK 74129</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$120.00</b>
3.22	Nonpriority creditor's name and mailing address <b>Empower HMS</b> <b>PO Box 901563</b> <b>Kansas City, MO 64190</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.23	Nonpriority creditor's name and mailing address <b>EPIC</b> <b>95 3rd Street NE</b> <b>Waite Park, MN 56387</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$125.00</b>
3.24	Nonpriority creditor's name and mailing address <b>EPower Doc, Inc.</b> <b>PO Box 88218</b> <b>Atlanta, GA 30356</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$480.00</b>

Debtor **CAH Acquisition Company 12, LLC**  
NameCase number (if known) **19-01697**

3.25	Nonpriority creditor's name and mailing address <b>Evoqua Water Technologies LLC</b> <b>210 Sixth Avenue</b> <b>Pittsburgh, PA 15235</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,470.04</b>
3.26	Nonpriority creditor's name and mailing address <b>Fairfax Chief</b> <b>100 North 2nd Street</b> <b>Fairfax, OK 74463-7000</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,246.20</b>
3.27	Nonpriority creditor's name and mailing address <b>Family Discount Pharmacy</b> <b>310 Fairview Ave</b> <b>Ponca City, OK 74601</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,081.18</b>
3.28	Nonpriority creditor's name and mailing address <b>Fisher Scientific Company, LLC</b> <b>300 Industry Drive</b> <b>Pittsburgh, PA 15275</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,185.63</b>
3.29	Nonpriority creditor's name and mailing address <b>Gas &amp; Supply</b> <b>125 Thruway Park</b> <b>Broussard, LA 70518</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,447.22</b>
3.30	Nonpriority creditor's name and mailing address <b>GEHA</b> <b>Po Box 21542</b> <b>Eagan, MN 55121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,375.00</b>
3.31	Nonpriority creditor's name and mailing address <b>Grainger WW Inc.</b> <b>10707 E. Pine Street</b> <b>Tulsa, OK 74115</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$473.23</b>

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3.32	Nonpriority creditor's name and mailing address <b>Heartland Pathology Consultant</b> <b>3509 French Park Drive, Suite D</b> <b>Edmond, OK 73034</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,911.35</b>
3.33	Nonpriority creditor's name and mailing address <b>HERC</b> <b>1415 W. S. Ave</b> <b>Ponca City, OK 74601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,650.00</b>
3.34	Nonpriority creditor's name and mailing address <b>Hippa-Guard</b> <b>1608 S. Ashland Ave #86038</b> <b>Chicago, IL 60608</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,538.00</b>
3.35	Nonpriority creditor's name and mailing address <b>HMS Health, LLC</b> <b>13520 Potomac Riding Lane</b> <b>Potomac, MD 20850</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,925.00</b>
3.36	Nonpriority creditor's name and mailing address <b>Horizon Scientific, Inc.</b> <b>125 Varnfield Drive</b> <b>Summerville, SC 29483</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,091.00</b>
3.37	Nonpriority creditor's name and mailing address <b>Hutchison Plumbing</b> <b>1090 W, Cherokee Street</b> <b>Jay, OK 74346</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,228.19</b>
3.38	Nonpriority creditor's name and mailing address <b>IHEALTHCARE INC</b> <b>3901 NW 28th St., 2nd Floor</b> <b>Miami, FL 33142</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$472,625.00</b>



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3.39 Nonpriority creditor's name and mailing address  
**Indian Electric Coopr FMH**  
**2506 E. Old Hwy 64**  
**Cleveland, OK 74020**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$3,449.22**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.40 Nonpriority creditor's name and mailing address  
**KCI USA, Inc.**  
**12930 Interstate Hwy 10 West**  
**San Antonio, TX 78249**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$2,025.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.41 Nonpriority creditor's name and mailing address  
**Kempton Company**  
**13431 Broadway Ext.**  
**Oklahoma City, OK 73114**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$306.15**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.42 Nonpriority creditor's name and mailing address  
**Lapcorp**  
**PO Box 12140**  
**Burlington, NC 27215**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$7,266.96**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.43 Nonpriority creditor's name and mailing address  
**Madison Medical**  
**788 N. Jefferson St., #300**  
**Milwaukee, WI 53202**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$65.24**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.44 Nonpriority creditor's name and mailing address  
**McKesson Corp**  
**9954 Mayland Drive, Suite 4000**  
**Richmond, VA 23233**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$4,103.91**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.45 Nonpriority creditor's name and mailing address  
**Medassure**  
**920 E. County Line Road, Suite 103**  
**Lakewood, NJ 08701**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$2,279.95**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes



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3.46	Nonpriority creditor's name and mailing address <b>Medline Industries, Inc.</b> <b>8001 SW 47th Street</b> <b>Wheatland, OK 73097</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,518.71</b>
3.47	Nonpriority creditor's name and mailing address <b>Medusind, Inc.</b> <b>7725 W. Reno Ave.</b> <b>Oklahoma City, OK 73127</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$261.95</b>
3.48	Nonpriority creditor's name and mailing address <b>Miller EMS, LLC</b> <b>514 1st Street</b> <b>Medford, OK 73759</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,481.86</b>
3.49	Nonpriority creditor's name and mailing address <b>Modular Space Corporation</b> <b>120 Swedesford Road</b> <b>Berwyn, PA 19312</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,957.44</b>
3.50	Nonpriority creditor's name and mailing address <b>Mortara Instrument Inc.</b> <b>7865 N 86 Street</b> <b>Milwaukee, WI 53224</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,067.66</b>
3.51	Nonpriority creditor's name and mailing address <b>NOA Medical Supply</b> <b>801 Terry Lane</b> <b>Washington, MO 63090</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,117.00</b>
3.52	Nonpriority creditor's name and mailing address <b>Nursing Homes, LTD. Oklahoma</b> <b>SW of City</b> <b>Nowata, OK 74048</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$827.40</b>

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3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Office Depot</b> <b>820 SW 74th Street</b> <b>Oklahoma City, OK 73139</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Open account</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,452.45</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Oklahoma Advantage Storehouse, LLC</b> <b>403 N. Main Street</b> <b>Fairfax, OK 74637</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Open account</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$178.75</b>
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Oklahoma Blood Institute</b> <b>4601 E 81st Street</b> <b>Tulsa, OK 74137</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Open account</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,961.10</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Pacific Medical, LLC</b> <b>32981 Calle Perfecto</b> <b>San Juan Capistrano, CA 92675</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Open account</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$224.99</b>
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Passport Health Communications, Inc</b> <b>3330 Northwest 56th Street #106</b> <b>Oklahoma City, OK 73112</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Open account</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,464.62</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Patriot Placement Staffing</b> <b>2105 Briarwood Drive</b> <b>Amarillo, TX 79124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Open Account</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,035.90</b>
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Pawnee Chief</b> <b>588 Illinois Street</b> <b>Pawnee, OK 74058</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Open account</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$82.60</b>

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3.60	Nonpriority creditor's name and mailing address <b>Piccpros, LLC</b> <b>7146 S. Braden Ave., Suite 104</b> <b>Tulsa, OK 74136</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$742.50</b>
3.61	Nonpriority creditor's name and mailing address <b>PLICO</b> <b>PO Box 1838</b> <b>Oklahoma City, OK 73101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,010.50</b>
3.62	Nonpriority creditor's name and mailing address <b>Ponca City News</b> <b>300 North Third</b> <b>Ponca City, OK 74601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.76</b>
3.63	Nonpriority creditor's name and mailing address <b>PRN Funding LLC</b> <b>25101 Chagrin Blvd #250</b> <b>Beachwood, OH 44122</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,188.50</b>
3.64	Nonpriority creditor's name and mailing address <b>Quality Systems, Inc.</b> <b>PO Box 511449</b> <b>Los Angeles, CA 90051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$124,881.76</b>
3.65	Nonpriority creditor's name and mailing address <b>Reboot, Inc.</b> <b>PO Box 775535</b> <b>Chicago, IL 60677</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57,744.00</b>
3.66	Nonpriority creditor's name and mailing address <b>Respiratory Maintenance, Inc.</b> <b>12312 Birch Street</b> <b>Leawood, KS 66209</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$270.00</b>



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3.67	Nonpriority creditor's name and mailing address <b>Rural Community Hospitals of Americ</b> <b>Attn: Steven F. White</b> <b>700 Chappell Road</b> <b>Charleston, WV 25304</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$338,178.30</b>
3.68	Nonpriority creditor's name and mailing address <b>Shared Medical Services, Inc.</b> <b>PO Box 330</b> <b>Cottage Grove, WI 53527</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,450.00</b>
3.69	Nonpriority creditor's name and mailing address <b>Shi Headquarters</b> <b>300 Davidson Ave</b> <b>Somerset, NJ 08873</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,539.25</b>
3.70	Nonpriority creditor's name and mailing address <b>Shred It OK City</b> <b>2616 Vermont Avenue</b> <b>Oklahoma City, OK 73108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$79.00</b>
3.71	Nonpriority creditor's name and mailing address <b>Sizewize</b> <b>PO Box 320</b> <b>Ellis, KS 67637</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,075.02</b>
3.72	Nonpriority creditor's name and mailing address <b>Standley Systems</b> <b>PO Box 460</b> <b>Chickasha, OK 73023</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,181.98</b>
3.73	Nonpriority creditor's name and mailing address <b>State of OK - OSU Cntr for Hlth Sci</b> <b>1111 W. 17th Street</b> <b>Tulsa, OK 74107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Open account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,410.00</b>



Debtor **CAH Acquisition Company 12, LLC**  
NameCase number (if known) **19-01697**

3.74 Nonpriority creditor's name and mailing address  
**Stericycl**  
**PO Box 6575**  
**Carol Stream, IL 60197**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$357.93**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.75 Nonpriority creditor's name and mailing address  
**Sysco Food Services**  
**PO Box 1127**  
**Norman, OK 73070**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$10,307.89**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.76 Nonpriority creditor's name and mailing address  
**The NatL Alliance of Rural Hospital**  
**120 North Monroe St.**  
**Tallahassee, FL 32308**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$1,000.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.77 Nonpriority creditor's name and mailing address  
**Town of Fairfax**  
**PO Box 399**  
**Fairfax, OK 74637**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$295.72**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.78 Nonpriority creditor's name and mailing address  
**Trainim Health Services**  
**25197 Network Place**  
**Chicago, IL 60673**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$494.98**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.79 Nonpriority creditor's name and mailing address  
**Tri-Tec Medical Inc.**  
**2255 Germantown Road South**  
**Germantown, TN 38138**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$2,718.76**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.80 Nonpriority creditor's name and mailing address  
**Trucode LLC**  
**PO Box 5847**  
**Alpharetta, GA 30023**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$18,219.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open AccountIs the claim subject to offset? ☒ No ☐ Yes

Debtor **CAH Acquisition Company 12, LLC**  
NameCase number (if known) **19-01697**

3.81 Nonpriority creditor's name and mailing address  
**United Linen & Uniform**  
**PO Box 4586**  
**Bartlesville, OK 74005**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$3,952.40**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.82 Nonpriority creditor's name and mailing address  
**US Specialty Labs**  
**11578 Sorrento Valley Road**  
**San Diego, CA 92121**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$750.99**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.83 Nonpriority creditor's name and mailing address  
**Verison Wireless Services, LLC**  
**PO Box 660108**  
**Dallas, TX 75266**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$157.29**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.84 Nonpriority creditor's name and mailing address  
**Vonco Medical Products, Inc.**  
**1625 W. Crosby Rd., Suite 120**  
**Carrollton, TX 75006**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$142.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.85 Nonpriority creditor's name and mailing address  
**Vyne Education, LLC**  
**9020 Overlook Blvd, Suite 140**  
**Brentwood, TN 37027**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$229.94**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.86 Nonpriority creditor's name and mailing address  
**Wallach Surgical Devices**  
**95 Corporate Drive**  
**Trumbull, CT 06611**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$2,702.69**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes

3.87 Nonpriority creditor's name and mailing address  
**Works & Lentz of Tulsa, Inc.**  
**1437 Boulder, Suite 900**  
**Tulsa, OK 74149**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$37.50**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Open accountIs the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Debtor CAH Acquisition Company 12, LLC  
NameCase number (if known) 19-01697

Name and mailing address

On which line in Part 1 or Part 2 is the  
related creditor (if any) listed?Last 4 digits of  
account number, if  
any**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

		Total of claim amounts
5a.	\$	<u>1,715.80</u>
5b.	+	\$ <u>1,304,682.19</u>

5c.	\$	<u>1,306,397.99</u>
-----	----	---------------------

## Fill in this information to identify the case:

Debtor name CAH Acquisition Company 12, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINACase number (if known) 19-01697☐ Check if this is an amended filing

## Official Form 206G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

## 1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

## 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_



Fill in this information to identify the case:

Debtor name **CAH Acquisition Company 12, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**Case number (if known) **19-01697**☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name CAH Acquisition Company 12, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINACase number (if known) 19-01697☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

## Fill in this information to identify the case:

Debtor name CAH Acquisition Company 12, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINACase number (if known) 19-01697☐ Check if this is an amended filing

## Official Form 202

## Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

## Declaration and signature

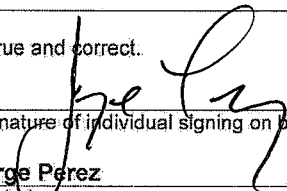
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☒ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☒ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☒ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☒ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5/15/2019

X  Signature of individual signing on behalf of debtor

Jorge Perez  
Printed name

Board Chairman  
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name: **CAH Acquisition Company 12, LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) **19-01697**

☐ Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:  
From 10/01/2018 to Filing Date

☒ Operating a business  
☐ Other

**Unknown**

For prior year:  
From 10/01/2017 to 9/30/2018

☒ Operating a business  
☐ Other

**\$13,842,632.00**

For year before that:  
From 10/01/2016 to 9/30/2017

☒ Operating a business  
☐ Other

**\$13,932,861.00**

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from  
each source  
(before deductions and exclusions)

#### Part 2: List Certain Transfers Made Before Filing for Bankruptcy

##### 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply



Debtor **CAH Acquisition Company 12, LLC**Case number (if known) **19-01697**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. See Attachment: SOFA 3	Various	Unknown	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See Attachment: SOFA 4	Various	Unknown	

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
Unknown			Unknown

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Unknown			Unknown

Last 4 digits of account number: \_\_\_\_\_

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. See Attachment: SOFA 7			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a

Debtor CAH Acquisition Company 12, LLCCase number (if known) 19-01697

receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Custodian's name and Address	Describe the property	Value
Fairfax Health Authority c/o J. Clay Christensen and T.P Howell 3401 N.W. 63rd St. Ste 600 Oklahoma City, OK 73116	CAH Acquisition Company No. 12, LLC d/b/a Fairfax Community Hospital	Unknown
	Case title Town of Fairfax v. CAH Acquisition Co 12	Court name and address The District Court of Osage County OK
	Case number CJ-2018-232	
	Date of order or assignment February 27, 2019	

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Unknown			Unknown
Recipients relationship to debtor			

**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
Unknown	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		Unknown

**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor CAH Acquisition Company 12, LLCCase number (if known) 19-01697

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Spilman Thomas & Battle, PLLC 110 Oakwood Drive Suite 500 Winston Salem, NC 27103	See Disclosure of Compensation of Bankruptcy Counsel filed by Rayford K. Adams III on behalf of CAH Acquisition Company 12, LLC (Doc #120) 5/7/19	March 1, 2019 March 29, 2019	\$150,000.00
Email or website address <u>tadams@spilmanlaw.com</u>			
Who made the payment, if not debtor? Empower HMS, LLC or its principal, Ricardo Perez, and members of Health Acquisition Company, LLC			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
Unknown			Unknown

Trustee:

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1 Unknown			Unknown

Relationship to debtor

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address

Dates of occupancy  
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Debtor **CAH Acquisition Company 12, LLC**Case number (if known) **19-01697**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care Maximum of 15
15.1. <b>Fairfax Community Hospital</b> <b>40 Hospital Rd.</b> <b>Fairfax, OK 74637</b>	<b>Hospital services including but not limited to ER, swing bed services, laboratory and radiology services, and respiratory and occupational therapy</b>	
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <b>46 Hospital Rd., Fairfax OK 74637</b>	How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

**Part 9: Personally Identifiable Information**

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

**Patient Health Information (PHI) including but not limited to patient: names; DOB; SSN; address; prior and current health conditions and diagnosis; and insurance and other health related record ID numbers.**

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**HMC/CAH Consolidated, Inc. Employee Savings Plan**

Employer identification number of the plan

EIN: **26-0206921**

Has the plan been terminated?

- ☒ No
- ☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**



Debtor CAH Acquisition Company 12, LLCCase number (if known) 19-01697**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Unknown	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____		Unknown

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
Unknown	Unknown		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
StorSafe 1534 Burlington Kansas City, MO 64114	Bill Fletcher Jenni Upenieks	Documents including but not limited to: financials, accounts payable, payroll, human resources, billing and other corporate related records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Debtor CAH Acquisition Company 12, LLCCase number (if known) 19-01697

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

### Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
------------------	----------------------------

26a.1. See Attachment: SOFA 26

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
------------------	----------------------------

26b.1. Arnett Carbis Toothman  
 PO Box 2696  
 Charleston, WV 25329

Unknown

Debtor **CAH Acquisition Company 12, LLC**Case number (if known) **19-01697**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Arnett Carbis Toothman**  
**PO Box 2696**  
**Charleston, WV 25329**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Unknown****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1 <b>Unknown</b>		

Name and address of the person who has possession of inventory records:  
**Unknown**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<b>Jorge Perez</b>	<b>8770 SW 72nd St. Apt. 412 Miami, FL 33173</b>	<b>Chairman of the Board of Directors</b>	
<b>Michael Christensen</b>	<b>6959 West Highway 72 Fredericktown, MO 63645</b>	<b>Board Member</b>	
<b>Tina Steele</b>	<b>641 2nd Street Pawnee, OK 74058</b>	<b>Board Member and CEO of Fairfax Community Hospital</b>	
<b>Health Acquisition Company, LLC</b>	<b>13595 SW 134 Ave. Ste. 209 Miami, FL 33186</b>	<b>Member of Debtor</b>	<b>80%</b>

Debtor CAH Acquisition Company 12, LLCCase number (if known) 19-01697

Name	Address	Position and nature of any interest	% of interest, if any
HMC/CAH Consolidated, Inc.	1100 Main Street, Ste 2350 Kansas City, MO 64105	Member of Debtor	20%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Unknown			

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See Attachment: SOFA 30			
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No  
☒ Yes. Identify below.

Name of the parent corporation

Unknown

Employer Identification number of the parent corporation

EIN:

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation



5/15/19 7:21AM

Debtor CAH Acquisition Company 12, LLC

Case number (if known) 19-01697

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5/15/2019

Signature of individual signing on behalf of the debtor

Jorge Perez  
Printed name

Position or relationship to debtor Board Chairman

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

## Official Form 207: "SOFA Attachments"

Debtor Name: CAH Acquisition Company 12, LLC d/b/a Fairfax Community Hospital  
 United States Bankruptcy Court for the Eastern District of North Carolina  
Case Number: 19-01697-5

### Attachment: SOFA 3

At this time, the Debtor is not able to determine source amounts for payments or transfers to creditors.

The financial accounts for the Debtor were swept into an operating account in the name of or controlled by Empower HMS, LLC that included funds from approximately nine (9) other hospitals. All of the Debtor's payments and expense reimbursements to creditors were made from the operating account. Further analysis of the financial records will be necessary to trace the Debtor's fund to the payments made to creditors of the Debtor.

Attached are the available bank statements from the Debtor's known bank accounts for the ninety (90) days prior to the petition date.

### Attachment: SOFA 4

At this time, the Debtor is not able to determine source amounts for payments or transfers.

The financial accounts for the Debtor were swept into an operating account in the name of or controlled by Empower HMS, LLC that included funds from approximately nine (9) other hospitals. All of the Debtor's payments and expense reimbursements to any insiders were made from the operating account. Further analysis of the financial records will be necessary to trace the Debtor's fund to the payments made to insiders.

Attached are the available bank statements from the Debtor's known bank accounts for the year prior to the petition date.

### Attachment: SOFA 7

Known legal Actions, administrative proceedings, court actions, executions, attachments, or governmental audits:

Case Title	Case Number	Nature of the Case	Court Name	Disposition
Cigna Health & Life Ins. V. HMC/CAH Consolidated, Inc.	4:18-CV-00183	Contracts, Other Contract	MO U.S. Dist. Ct., West	Date closed 3/5/19
Demint Anesthesia Service v. HMC/CAH Consolidated	18SA-CV00073	Banking/Finance	MO 15th Judicial Circuit	Disposition 11/28/18
HMC/CAH Consolidated v. HPCG Hospital Investment	1116-CV17183	Contracts, Other Contract	MO 16th Judicial Circuit	
CAH Acquisition Company 12 et al v. Health Care Service Corporation, dba	CJ-2017-4270	Contracts		Civil Relief >\$10,000

Blue Cross and Blue Shield of Oklahoma				
Medline Industries v. CAH Acquisition Co	2019-MI-1039##	Contract	IL Circuit - Cook (MD)	

## Attachment: SOFA 26

All accountants and bookkeepers who maintained the Debtor's books of account and records or prepared a financial statement within 2 years prior to the petition date. Note: All accounting and financials were generated at the corporate and not the hospital level.

Work Location Name	Employee Name	Title	CC Name	Term Date	Last Hired	Address	City	ST	ZIP
Corporate	Odom-scott, Wilhena	Accounts Payable Clerk	Finance & Accounting	11/28/2017	5/6/2013	3406 Oxford Place	Grandview	MO	64030
Corporate	Perez, Lisa	Accounts Payable Clerk	Finance & Accounting	11/29/2017	11/7/2017	19104 E 13th Street South	Independence	MO	64057
Corporate	Dougherty, Kristen	Accounts Payable Clerk	Finance & Accounting	10/22/2018	2/1/2016	8345 Antioch Road	Overland Park	KS	66212
Corporate	Peterson, Michael	Accounts Payable Clerk	Finance & Accounting	12/11/2018	5/11/2015	3912 NE 95th Terr	Kansas City	MO	64156
Florida	Vicars, Toney	Administrative Officer	Operations	10/31/2017	9/17/2017	20041 Boca West Drive	Boca Raton	FL	33434
Florida	Freire, Roberto	ASSISTANT CONTROLLER	Finance & Accounting		11/5/2018	11570 SW 151 Ave	Miami	FL	33196
Corporate	Farrell, Dale	Chief Financial Officer	Operations	8/4/2017	6/27/2016	8137 NE 98th Street	Kansas City	MO	64157
Florida	Pique, Sandy	Chief Financial Officer	Finance & Accounting	7/27/2018	9/5/2017	7755 SW 129th Street	Pinecrest	FL	33156
Corporate	Morris, Darrel	Chief Operating Officer	Operations	8/4/2017	1/31/2005	17894 Sunset Drive	Weston	MO	64098
Corporate	Davidson, Amanda	Controller	Finance & Accounting	7/27/2018	8/17/2015	4706 Brookstone Drive	St. Joseph	MO	64507
Florida	Slack, Matthew	Controller	Finance & Accounting	11/9/2018	4/16/2018	11329 SW 74 Terr	Miami	FL	33173
Florida	Barroso, Fernando	Controller	Administration		2/1/2018	6841 NW 173 Drive	Hialeah	FL	33015
Florida	Horvath, Jeffrey	Director Budget/Strategic Plan	Finance & Accounting		9/10/2018	231 NE 19th Street, Apt 104	Miami	FL	33132
Corporate	Skaggs, Trent	Executive Vice President	Operations	5/18/2017	6/1/2007	5800 N Grand	Gladstone	MO	64118
Corporate	Scott, Christopher	Financial Analyst	Finance & Accounting	8/16/2018	6/4/2012	18854 W 160th Street	Olathe	KS	66062
Corporate	Chandler, Aletia	Financial Coordinator	Finance & Accounting	1/13/2017	3/17/2014	7419 Wayne Ave	Kansas City	MO	64131
Corporate	Showalter, Lacy	Financial Coordinator	Administration	11/6/2017	10/24/2016	12926 N Oakland Ave	Kansas City	MO	64167
Florida	Wallace, Kyle	Financial Coordinator	Operations	6/27/2018	9/17/2017	1309 W 26th Street	Riviera Beach	FL	33403
Corporate	King, Babette	Financial Coordinator	Finance & Accounting	10/8/2018	5/6/2013	11821 E 59th Terrace Circle	Kansas City	MO	64133
Corporate	Jercick, Kimberly	Financial Coordinator	Finance & Accounting	12/7/2018	3/7/2016	3615 NW 87th Street	Kansas City	MO	64154
Corporate	Schoo, Jeffrey	Financial Coordinator/AP Lead	Finance & Accounting	1/18/2019	11/4/2013	2121 Central Street, #506	Kansas City	MO	64108
Florida	Perez, Jorge	Owner	Operations		12/24/2017	8770 SW 72nd Street, Apt 412	Miami	FL	33173

Florida	Perez, Ricardo	Owner	Operations		3/18/2018	15424 SW 175th Street	Miami	FL	33187
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Attachment: SOFA 30

At this time, the Debtor is not able to determine source amounts for payments, distributions, or withdrawals credited or given to insiders.

The financial accounts for the Debtor were swept into an operating account in the name of or controlled by Empower HMS, LLC that included funds from approximately nine (9) other hospitals. All of the Debtor's payments and expense reimbursements to any insider would have been paid from the operating account. Further analysis of the financial records will be necessary to trace the Debtor's fund to the payments made to insiders.

Attached are the available bank statements from the Debtor's known bank accounts for the year prior to the petition date.